

CHILD IN CARE STATEMENT/RECEIPT

STATE OF MICHIGAN
Department of Human Services
Bureau of Children and Adult Licensing

Child(ren's) Name (Last, First, Middle)

Provider/Caregiver's Name

A. I hereby certify that I have received a copy of each of the following documents:

(Check all that have been received)

- ☐ Licensing Rules for Family and Group Child Care Homes [R 400.1907 (1b)]
- ☐ The discipline policy that this child care home will be using for my child(ren). [R 400.1907 (1b)]

B. I state that my child(ren):

- ☐ Is free from health conditions which could pose a risk to other children or adults. [R 400.1907 (1b)]
- ☐ Has no limitations or special needs regarding participation in daily activities. [R 400.1907 (1b)]
- ☐ Has a health or handicapping condition which could pose a risk to my child in care and I have attached a statement indicating the limits of participation and any special needs or treatment while in care. [R 400.1907 (1b)]
- ☐ Has completed or is in progress of receiving immunizations and booster as recommended by the Department of Community Health. If these are not in progress or completed, please specify the reason ➤ ☐ Religion ☐ Other (explain) [R 400.1907 (1c)]

C. I understand that, according to the Family and Group Child Care Home Rules:

- ☐ I will be informed when an assistant caregiver between age 14 to 17 years, may be caring for my children. [R 400.1907 (1b)]
- ☐ I will be informed when an assistant caregiver is caring for my children in the absence of the provider. [R 400.1903 (1d)]
- ☐ My children will be released only to those persons authorized by me. [R 400.1903 (2)] (Listed on the Child Information Card I filled out)
- ☐ I will be informed of the animals and pets that are in the child care home. [R 400.1936 (1)]
- ☐ My child will have daily outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a health care provider. [R 400.1914 (3b)]
- ☐ I understand that my provider must follow the safe sleep guidelines for infants & toddlers. [R 400.1912 and R 400.1916]
- ☐ Medication will be given or applied only with my written permission. [R 400.1918 (2)]
- ☐ _____ will be providing the food for my child(ren) while he/she is at the day care home. [R 400.1907 (1b)]
- ☐ Toilet training will be planned cooperatively between me and the provider. [R 400.1923 (6)]
- ☐ I will be informed before the use of any pesticide or fertilizer treatments. [R 400.1932 (5)]
- ☐ I must give written permission before my child is transported in a vehicle. [R 400.1952 (1)]
- ☐ I must give written permission before my child participates in outdoor water activities. [R 400.1921 (10)]
- ☐ I will be informed if there are firearms on the premises. [R400.1907(1b)]

Parent/Guardian Signature

Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.